

**ACTIVE DUTY FOR TRAINING RELEASE  
OR CANCELLATION REQUEST  
CNAVRES 1571/13(2-79)**

**S/N 0117-LF-015-7165**

**PRIVACY ACT STATEMENT**

Authority to request this information is derived from 5 United States Code 301 Departmental Regulations. Purpose of this form is to request a waiver from active duty for training. Information is used to evaluate individual's request and notify him/her of decision. Form becomes part of individual's personnel record. Completion of this form is mandatory. Failure to provide the required information may result in an inability to process the request.

FROM: (Name, Last, First Middle)	SOCIAL SECURITY NO.	GRADE/RATE
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TO: \_\_\_\_\_ . (Submit to appropriate command having waiver authority)

VIA: COMMANDING OFFICER \_\_\_\_\_.

REF: (A) BUPERSINST 5400.42E (B) CNAVRESINST 1001.1B

**FILL IN ALL APPROPRIATE BLANKS**

CANC. REQ.	A: DUTY REQUESTED: _____.				
	B. I HAVE BEEN ORDERED TO _____ COMMENCING _____.				
	C. ORDER SERIAL NUMBER _____ (Attach information copy of orders, if available)				
	Original and all copies of orders must be returned immediately upon receipt if cancellation is desired.				
WAIVER REQ.	FISCAL YEAR	NO. OF DRILLS SCHEDULED/ ATTENDED DURING FISCAL YEAR	NO. OF UNEXCUSED ABSENCES PAST 12 MONTHS	PREVIOUSLY RELEASED FROM TRAINING DUTY OBLIGATION  <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, STATE WHAT YEARS AND REASONS
	DATES AND LOCATIONS OF ACDUTRA PERFORMED LAST THREE YEARS				DATE OF AFFILIATION WITH CURRENT UNIT
Enclose all substantiating documents you may have.					

Detailed reasons for this request (If cancellation request and required annual ACDUTRA not yet performed this fiscal year indicate month and year you plan to fulfill ACDUTRA requirements).

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_.

**FIRST ENDORSEMENT**

FROM: COMMANDING OFFICER \_\_\_\_\_  
(UNIT) (MAILING ADDRESS) (ZIP CODE)

TO: \_\_\_\_\_.

1. The above information has been verified and is forwarded recommending ☐ APPROVAL ☐ DISAPPROVAL  
for the following reasons: (When disapproval is recommended, include action taken.)

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_.

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SECOND ENDORSEMENT

FROM: \_\_\_\_\_.

TO: COMMANDING OFFICER \_\_\_\_\_  
(UNIT) (MAILING ADDRESS) (ZIP CODE)

1. The above information has been verified and is forwarded recommending ☐ APPROVAL ☐ DISAPPROVAL  
for the following reasons: (When disapproval, state action to be taken by Unit Commanding Officer.)

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_.

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